

**State of Rhode Island and Providence Plantations
Enhanced 9-1-1 Uniform Emergency Telephone System**

\$1.00 WIRELESS SURCHARGE REPORT

Remittance and Report of Monthly \$1.00 Wireless Surcharge Revenue

For the Month of _____, 20____

- ▶ Complete this form, as required by RIGL 39-21.1-14 (a). (Additional information and forms available at website: www.ri911.state.ri.us)
- ▶ Make check payable to: General Treasurer, State of Rhode Island
- ▶ Return monthly to: Surcharge Coordinator • RI E 9-1-1 Uniform Emergency Telephone System • 1951 Smith Street • North Providence, RI 02911
- ▶ Questions: Contact the Surcharge Coordinator by email at ri911surcharge@verizon.net

For **WIRELESS SERVICE PROVIDERS**, indicate the **total number** of telecommunications instruments, devices or means, including prepaid and VoIP, that can access, connect or interface with the RI E 9-1-1 Uniform Emergency Telephone System.

_____ @ \$1.00 = \$_____	
Total number of instruments, devices or means	Amount remitted

\$1.00 REMITTANCE FOR:

Company name: _____

Company Identifier Number: (NENA) _____ (TIN) _____

Company address: _____

Contact person completing report: _____

Phone number of contact person: _____

Fax Number of contact person: _____

E-mail address of contact person: _____

I, the undersigned, declare under the pains and penalty of perjury that to my knowledge and belief, all information contained on this report is accurate, true and complete.

Signature of **Wireless Service Provider (officer or agent)** authenticating this report (REQUIRED):

▶ Signature: _____ Printed Name: _____

Title: _____ Telephone Number: _____

Please Note: If you are completing this form, you must also complete form UETS-SR-02 entitled ".26¢ Wireless Surcharge Report. Thank you.